

MULTIPLE DEPENDENT CLAIM SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

Booker
16/119592

CLAIMS

| AS FILED NO. | C | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | NO. | C | IND. | DEP. | IND. | DEP. |
|-----------------|---|------------------------|------|------------------------|------|-----------------|---|------|------|------|------|
| | | IND. | DEP. | IND. | DEP. | | | | | | |
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| TOTAL IND. | | | | | | TOTAL IND. | | | | | |
| TOTAL DEP. | | | | | | TOTAL DEP. | | | | | |
| TOTAL CLAIMS | | | | | | TOTAL CLAIMS | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM

U.S. 9-72

U.S. DEPARTMENT OF COMMERCE
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